

UW ID Number

Last Name

First Name

Email Address

Local Telephone

Note: Please attach a copy of the approved Letter of Permission form. Only courses for which a Letter of Permission has been approved are eligible to be included in your OSAP assessment.

Section A: This section must be completed by the Financial Aid Office of the other institution
Academic Program:

Program Name

Study Period:

Program Year

Start Date (first day of classes)

Course Load (units)

End Date (last day of exams)

 Co-op Regular

Course Code(s):

(E.g. CS101, Phil202)

- | | | |
|----|---|-----------------|
| 1. | OSAP Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Weeks |
| 2. | OSAP Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Weeks |
| 3. | OSAP Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Weeks |

Letter of Permission:

 An approved Letter of Permission is on file with our institution Yes No

Total Costs:

Tuition

Compulsory Fees

Books/Supplies

Institution Name	Institution Stamp
Name of Authorized Officer	Authorized Officer Signature
Contact Details (email/phone)	Date Signed

Section B: University of Waterloo Internal use only

Decision	Reviewed by	Date